More Research Is Needed on the Importance of Certification

I am writing in response to the article “Relationships Between Certification and Job Perceptions of Oncology Nurses” (Hughes et al., 2001), which was published in the January/February issue of Oncology Nursing Forum (ONF). The authors should be commended for their interest in exploring the impact of oncology certification on oncology nurses’ job perceptions. However, as an oncology certified nurse (OCN®), I was disappointed with their conclusion that certification did not have a significant impact on nurses’ job perceptions.

In the January/February 1999 issue of ONF, the same group of authors published “A National Survey of Certified, Recertified, and Noncertified Oncology Nurses: Comparisons and Contrasts” (Coleman et al., 1999). The authors found that OCN® have significantly higher job satisfaction than their noncertified counterparts. The authors also found that the primary reason for obtaining certification was personal achievement. OCN® were most likely to work in outpatient settings and have higher job satisfaction than other job settings surveyed. Does this indicate physicians’ recognition of the importance of certification?

Arguments have been heard about the assurance that certification supports competence. Redd and Alexander (1997) published the article “Does Certification Mean Better Performance?” The authors surveyed a group of staff nurses and a group of nursing supervisors. The group of staff nurses found no significant difference in the overall job perceptions. However, in the survey of the nursing supervisors, OCN® significantly outperformed the noncertified oncology nurses in the areas of teaching, collaboration, and planning. The authors also found that OCN® had significantly higher self-esteem than their noncertified counterparts.

Nance (1999) provided insight that even the orthopedic nursing specialty has difficulty convincing nurses that certification makes a difference. The author pointed out the worthiness of hiring orthopedic certified nurses. Hughes et al. (2001) also found that supportive employers and institutions employ nurses with a higher percentage of job perceptions. Is certification status contingent upon employer support? Without any incentive, convincing colleagues to go through the grueling tasks of paying for, reviewing, and taking the certification examination is difficult. Further research is needed to examine this area to convince nurses to be certified in their desired specialties.

Does certification really mean better performance? Certification should not be a label as to what nurses can or cannot do in providing care. Certification simply should serve as a tool for nurses to provide a higher level of and advance nursing care.

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The Author Responds

I appreciate the opportunity to reply to Ms. Salazar’s thoughtful questions. Her letter raises two key issues. First, Ms. Salazar expressed concern about our inability to document a relationship between OCN® certification and job satisfaction. It is true that my co-authors and I were unable to document a direct relationship between certification and oncology nurses’ job perceptions. Rather, we found a significant relationship between work setting and job satisfaction, regardless of OCN® status. In our 1999 article, my co-authors and I reported that OCN® certification was associated with employment in settings where working conditions are conducive to nurses’ job satisfaction. Taken together, these findings suggest that the relationship between certification and job satisfaction may be mediated by employment in work settings that empower certified nurses to fully utilize their expertise. This does not mean that the decision to obtain certification is contingent on employer support. Rather, it may mean that nurses who have high levels of intrinsic motivation are more likely to pursue voluntary certification and are more likely to be attracted to and satisfied with work settings that empower nurses. For example, studies have documented that job satisfaction is higher when nurses work in settings that provide opportunities for interdisciplinary collaboration, participation in decision making, and control over nursing practice. Perhaps such opportunities are especially meaningful to nurses who choose to obtain and maintain specialty certification. Because it was beyond the scope of our study to test this hypothesis, additional research is needed to identify work characteristics that contribute to maximal job satisfaction among certified oncology nurses.

Second, Ms. Salazar raises questions about certification and the extent to which it can be indicative of competence and job performance. I agree that we must be cautious in using voluntary certification as a measure of competence and job performance. In fact, research on certification is especially critical at this time because so many players in the healthcare arena are operating on the assumption that certification is indicative of competence. Insufficient research exists to allow judgments about job performance and competence on the basis of certification status. Such judgments do little to move us forward in our understanding of the complex interrelationships that are likely to exist among certification, job performance, and competent nursing practice.

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